

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596903

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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5		/		/		
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8	/		/			
9	/		/			
10	/		/			
11		1		1		
12		3		1		
13	/		/			
14		1		1		
15		2		1		
16		0		1		
17		0		1		
18		0		1		
19	/		/			
20		1		1		
21		2		1		
22		0		1		
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TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	22	←	18	←		←
TOTAL CLAIMS	29		25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						